



VERMONT
AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

July 31, 2015

Ms. Jayne Placey, Manager
Arioli Community Care Home
15 Arioli Avenue
Barre, VT 05641-5214

Dear Ms. Placey:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **July 8, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

JUL 27 2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0027	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/08/2015	
NAME OF PROVIDER OR SUPPLIER ARIOLI COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 15 ARIOLI AVENUE BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 7/7/15. The following regulatory violation was identified.	R100		
R179 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review the home failed to assure all required training was	R179		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6868

Z7X311

If continuation sheet 1 of 2

Jayne Plailey *Coordinator* *7/22/15*

R179 POC accepted 7/29/15 BtWERN/pmc

Division of Licensing and Protection

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R179	<p>Continued From page 1</p> <p>completed by 3 of 3 staff members reviewed. Findings include:</p> <p>Per review of personnel records there was no evidence that 3 of 3 staff members reviewed who were responsible for providing direct care to residents had received the required training in general supervision and care of residents.</p> <p>The home's Assistant Manager confirmed, during interview, the lack of training for each of the staff members. S/he stated that although new staff members receive training in this area during their orientation period there was no ongoing annual training provided.</p>	R179	<p><i>See attached for corrective action</i></p>	

July 22, 2015

Plan of Correction for Arioli Group Home following survey on July 8th, 2015

R179- General Supervision and Care of Residents:

Copies of all the residents "Daily Living Skills"... a document which includes all the "need to know" information regarding each resident that is written up and reviewed yearly (or sooner if there is changes) will be incorporated as a mandatory training for all staff to sign off on. The training will be added to the list of ongoing in-services which is regular monitored to ensure all staff is in compliance.

Corrective action will go in effect no later than August 4th, 2015 which is our next mandatory meeting at which time we do our in-services.

Jayne Plaey
7/22/15